

Central Nervous System Disorders

Definition/ cut-off value

Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:

- C epilepsy
- C cerebral palsy (CP) and
- C neural tube defects (NTD), such as:
 - C spina bifida or
 - C myelomeningocele
- C Parkinson's disease
- C multiple sclerosis (MS)

Presence of central nervous system disorders diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

Participant category and priority level

Category

Priority

Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III
Infants	I
Children	III

Justification

Epileptics are at nutrition risk due to alterations in nutrient status from prolonged anti-convulsant therapy, inadequate growth, and physical injuries from seizures. Poor motor skills in infants and children with CP can cause poor growth, usually from decreased energy and nutrient intake. Limited mobility or paralysis, hydrocephalus, limited feeding skills, and genitourinary problems, put NTDs at increased risk of abnormal growth and development. The participant with Parkinson's disease will benefit from nutrition education that includes dietary protein modification that ensures adequate nutrition and meets minimum protein requirements. In some cases, protein redistribution diets will be necessary to increase the efficacy of the medication used to treat Parkinson's disease. MS may cause difficulties with chewing and swallowing that require changes in food texture in order to achieve a nutritionally adequate diet.

Clarifications/ Guidelines

Before assigning this risk code, document the specific central nervous system disorder on the health history form.

**Clarifications/
Guidelines (cont)**

Hydrocephaly can increase the risk of abnormal growth and development. If hydrocephaly is **not** the result of neural tube defects, assign risk code 362 – Developmental, sensory or motor disabilities interfering with the ability to eat.

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis (“My doctor says that I have/my son or daughter has...”) should prompt the CA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

References

1. Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996; pp. 177-178.
 2. Mayo Clinic Diet Manual: A Handbook of Nutrition Practices; Seventh Edition; 1994; pp. 287-291.
 3. Sarnoff, J, and Rector, DM. MS Information, Food for Thought: MS and Nutrition; 5/14/99; pp. 1-6.
 4. Chang, MW, Rosendall, B, and Finlayson, BA. Mathematical modeling of normal pharyngeal bolus transport: a preliminary study. J. Rehabil Res Dev, 1998 Jul; 35(3): 327-34.
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